SEMINOLE COUNTY
APPOINTMENT INFORMATION FORM

Please type or print in black ink both sides of the application and mail to Chairman, Board of County Commissioners, County Services Building, 1101 East First Street, Sanford, Florida 32771.

NOTE: A resume or separate sheet with additional information may be included with the application. Please note that you are responsible for updating the information on this form.   Please call or write the County Commission Office to advise of any changes.

DATE: _____

NAME:_____
         (Last)   (First)   (Middle)

ADDRESS: (H) _____

         (O) _____

         _____

TELEPHONE: (H) _____   (O) _____

EMPLOYER: _____

POSITION: _____ How long: _____

EDUCATION: School   Degree(s)

High School: _____

College: _____

If you currently or have ever held a professional or business license or certificate, please provide the title, issue date and issuing authority. If any disciplinary action has been taken, please state the type and date of the action taken:

_____

Please list the Boards or Committees on which you would prefer to be considered for appointment: _____

_____

Do you wish to be considered for other Boards?   Yes ( )   No ( )

Please state your experience and interests that you feel would qualify you as a candidate for appointment to the Board/Committee(s):_____

_____
_____
_____
_____

Florida law requires that members of certain boards file a detailed financial disclosure form. Would you be willing to serve on such a board? Yes ( ) No ( )

Are you a resident of Seminole County ?	Yes ( )	No ( )
Are you a registered voter?	Yes ( )	No ( )
Do you own property in Seminole County?	Yes ( )	No ( )
Have you ever served on a County Board?	Yes ( )	No ( )

If yes, when and which Board: _____

Seminole County strives to ensure that all County Boards are representative of the community. To assist in this endeavor, please check the applicable boxes:

Race: Black ( )   Caucasian (non-Hispanic) ( )   Hispanic ( )   Other ( )

Sex: Female ( )   Male ( )

Date of Birth: _____

References:

Name:	Address	Phone

This Appointment Information Form, when completed and filed with the County Commission Office, is a **PUBLIC RECORD** under Chapter 119, Florida Statutes, and therefore is open to public inspection by any person.

I understand the responsibilities associated with being a Board member, and I have adequate time to serve on the above Board(s).

_____
Signature